NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: __121017__

Total Fee Calculation

	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Total
Basic Filing Fee	201/101				___	___	790⁰⁰
Total Claims >20	203/103	___	-20 = ___	X	___	___	___
Independent Claims >3	202/102	___	-3 = ___	X	___	___	___
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	130⁰⁰
English Translation	139						___

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ __920⁰⁰__

Less Filing Fees Submitted - $ __0__

BALANCE DUE = $ __920⁰⁰__

James Washington
Office of Initial Patent Examination

No English spec.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number: 121017

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY TYPE [ ] RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				395.00	OR		790.00
TOTAL CLAIMS	21 minus 20 =	* 1	x$11=		OR	x$22=	22
INDEPENDENT CLAIMS	4 minus 3 =	* 1	x41=		OR	x82=	82
MULTIPLE DEPENDENT CLAIM PRESENT			+135=		OR	+270=	270
			TOTAL		OR	TOTAL	1164

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	* 22	Minus	** 20	= 2	x$11=		OR	x$22=	36
Independent	* 6	Minus	*** 5	= 1	x41=		OR	x82=	84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	120

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.